# STATE OF RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

#### PUBLIC NOTICE OF PROPOSED RULE-MAKING

In accordance with Rhode Island General Law (RIGL) 42-35 and 42-72-5, notice is hereby given that the Department of Children, Youth and Families proposes to amend the following DCYF rule:

#### FEDERAL BENEFITS FOR CHILDREN IN DCYF CARE

This revised rule, formerly entitled **Medical Assistance Application**, has been amended in compliance with State Plan requirements under Title IV-E of the Social Security Act as amended by Federal law. This revised rule includes provisions of Public Law (P.L.) 109-432, The Tax Relief and Health Care Act of 2006, which requires that citizenship or immigration status is verified for children in foster care. The previous version of this policy, refiled 1/5/07, is superseded by this amended version.

In the development of this rule, consideration was given to the following: (1) alternative approaches; and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

This proposed rule is accessible on the R.I. Secretary of State website (<a href="http://www.sec.state.ri.us/ProposedRules/">http://www.sec.state.ri.us/ProposedRules/</a>) and the DCYF website (<a href="http://www.dcyf.ri.gov">http://www.dcyf.ri.gov</a>) or available in hard copy upon request (401 528-3686 or RI Relay, dial 711). Interested persons should submit data, views or written comments by February 27, 2009 to Dorothy Hultine, Implementation Director for Policy & Programs, Department of Children, Youth and Families, 101 Friendship Street, Providence, RI 02903.

In accordance with RIGL 42-35-3, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

The Department of Children, Youth and Families does not discriminate on the basis of race, color, national origin or handicap in acceptance for or provision of services or employment in its programs or activities.

Patricia Martinez, Director

# Federal Benefits for Children in DCYF Care Medical Assistance Application

Rhode Island Department of Children, Youth and Families

Policy: 1000.0000

Effective Date: December 18, 1984 Revised Date: Version: 24

The Department of Children, Youth, and Families (DCYF) is the designated single-state agency entitled to submit claims for Title IV-E reimbursement in Rhode Island. As such, DCYF is responsible for determining which children are eligible for Title IV-E reimbursement based on federal criteria and which costs meet the eligibility criteria for administering the Title IV-E program.

Title IV-E of the Social Security Act provides assistance to state child welfare agencies rendering services to children in need of care. Under Title IV-E, the federal government shares the cost in caring for financially deprived children who are placed in substitute care. Title IV-E reimbursement covers payments made for foster care (both voluntary placements and court-ordered placements), adoption subsidy and administrative costs incurred in the process of placing and maintaining children in alternative, protective settings.

DCYF Management and Budget staff determine Title IV-E eligibility for all children upon initial placement into foster care, including group care. Management and Budget staff verify citizenship and immigration status on all children through obtaining birth certificates, researching the Department of Human Services (DHS) database and when necessary obtaining a copy of resident alien cards. Management and Budget staff ensure all children receive uninterrupted medical care and that those delivering that care are reimbursed in a timely fashion.

In an effort to ensure uninterrupted delivery of medical care, Management and Budget staff secure for the child the most appropriate of the following three (3) types of medical coverage within forty-eight hours of the child entering placement:

- 1. Title IV-E Eligible (AFDC-Foster Care)
- 2. Non Title IV-E Eligible (Foster Care Medical)
- 3. SSI Disability (Supplemental Security Income)

It is the responsibility of the Department to ensure that those children placed under its care receive uninterrupted medical care and that those delivering that care are reimbursed in a timely fashion (normally not to exceed ninety (90) days).

So as not to interfere with the delivery of medical care, the primary service worker shall secure for the child the most appropriate of the following three (3) types of medical coverage outlined herein within five (5) working days of the child entering placement:

- 1. Title IV-E Eligible (AFDC-Foster Care)
- 2. Not Title IV-E Eligible (Foster Care Medical)
- 3. SSI Disability (Supplemental Security Income).

#### **Related Procedures**

Federal Benefits for Children in DCYF Care Procedure
Applications of All AFDC-Foster Care

<u>The Initial Application/Reinstatement</u>
<u>Re-certification/Determination of Continuing Eligibility (DOCE)</u>

Foster Care - Medical

Application of SSI Disability Income See Also: Substance Abuse Treatment Services Policy

## Federal Benefits for Children in DCYF Care

Procedure From Policy 1000.0000: Federal Benefits for Children in DCYF Care

- A. Foster care medical coverage: Management and Budget staff process applications for AFDC-Foster Care coverage for all children entering out-of-home placements by completing the DCYF #008, Medical Assistance (MA) application.
  - 1. A child under eighteen (18) years of age is eligible for MA on the basis of deprivation/separation from his/her family. If child is eighteen (18) years of age, he/she must graduate from high school prior to his/her nineteenth (19) birthday.
  - A child who is older then eighteen (18) years of age but not yet twenty-one (21) years of age who is in foster care and is not eligible for Title IV-E is eligible for MA. The basis of eligibility for MA is deprivation of parental support occasioned by the child's separations from his/her family. (refer to RICHIST Policy 700.0240, Services to Youth Ages 18 21).
  - Eligibility Technicians (ET) in the Management and Budget Unit review daily computer reports of new, changed, or terminated placements and determine if there is a need for change of coverage (refer to RICHIST Window Help: Eligibility Documentation Process).
  - 4. The primary service worker ensures the placement information of each child is current in the Rhode Island Children's Information System (RICHIST) (refer to RICHIST Policy 700:0100, Rhode Island Children's Information System (RICHIST).
  - Children in approved out-of-home placements receive their medical card within 8 (eight) to 10 (ten) days.
    - a. The medical card follows a child from one placement to another when appropriate.
    - b. The child's medical coverage is closed at the time the child is returned home.
    - c. The child's medical coverage is suspended in the following situations:
      - i. When the child enters a state licensed public institution such as Rhode Island Training School
      - ii. If the child is on AWOL status
  - 6. An automated letter with notification that medical coverage has been terminated is sent to the parental home if reunified or placement provider when the Eligibility Technician terminates the child's medical coverage in RICHIST/ INRHODES.
- B. Determination of Title IV-E Eligibility: Management and Budget staff make determinations on Title IV-E eligibility based on the following criteria:
  - A child is considered Title IV-E eligible in the following situations:
    - a. The Department has placement and care responsibility for the child.
    - b. He/she is placed in a licensed foster/relative home or licensed child care facility with board paid.
    - If child is eighteen (18) years of age, he/she is expected to graduate from high school prior to his/her nineteenth (19) birthday.
    - d. Status of the child at the time of application:
      - i. At the time of removal the child was living with a parent or other relative specified in federal regulations at 45 CFR 233.90(c)(1)(v) and would have been eligible for AFDC in that relative's home in the month the removal from home petition was filed or for the month the voluntary placement agreement was signed.

- ii. The child was not living with this parent or specified relative at the time of removal, but did so at some time within the previous six months of removal, and would have been eligible for AFDC in that relative's home in the month of legal removal as if the child was still living with that relative.
- e. Judicial determinations of reasonable efforts and contrary to the welfare when the child first enters care have been made, as well as reasonable efforts to finalize permanency no less frequently than annually.
- 2. A child is considered non Title IV-E eligible in the following situations:
  - a. When the child is eighteen (18) years of age and will not graduate from high school prior to his/her nineteenth (19) birthday; or open to DCYF receiving after care services.
  - b. If a voluntary agreement for placement is not reviewed in Family Court within 180 days with a judicial determination that remaining in care is in the best interest of the child.
  - c. If a child is placed in an unlicensed home or facility including out-of-state placements for which there is no ICPC approval.
- C. Management and Budget staff complete yearly re-determinations for eligibility for Title IV-E except for voluntary cases which are reviewed within 180 days to determine if any court action has been initiated and then are reviewed on a yearly basis.
  - Eligibility technicians review items such as licensing, legal status, permanency planning, financial need and deprivation at the time of re-determinations (DCYF# 008A). If everything is acceptable, Eligibility Technician updates RICHIST and re-determines eligibility for MA in INRHODES; and
  - If a child is found Title IV-E ineligible during the re-determination process the child is transferred to a Department of Human Services non Title IV-E foster care caseload.
- D. Management and Budget staff maintain the following hardcopies in the IV-E file:
  - 1. Title IV-E eligibility checklist
  - Voluntary Application/Authorization/Consent for Placement of Children (DCYF #023), or
  - 3. A "Reasonable Efforts" determination, made by the recognized authority granting custody (in court cases only), detailing that the agency made reasonable efforts to "maintain the family unit and prevent the unnecessary removal of a child from home". and
  - 4. A "Contrary to the Welfare" determination, made by the recognized authority granting custody (in court cases only), through a judicial determination to the effect that continuation in the home would be contrary to the child's welfare, or that placement in foster care would be in the best interest of the child.
- E. Children placed in out of state care (refer to Policy: 700.0060, Interstate Compact on the Placement of Children (ICPC).
  - 1. Title IV-E eligible children receive AFCD-FC through their resident state.
  - 2. Non Title IV-E eligible children receive AFCD-FC through the sending state which maintains financial responsibility for the child's medical coverage.
    - . Relatives should be given an informed choice taking into consideration the amount of money he/she would receive from TANF vs. DCYF and the ramifications of having RI versus resident state MA.
    - ii. If relative elects to apply for TANF- Loco Parentis rather than DCYF board and care support he/she applies in their resident state.

- E. Children found eligible for Supplemental Security Income (SSI) are automatically eligible for medical assistance (refer to Policy 1000.0005: Social Security Benefits-SSI).
- F. Special needs children eligible for Title IV-E adoption assistance may receive financial and medical assistance to make adoption possible (refer to Policy 700.0090:

  Adoption Subsidy).

#### Procedure From Policy 1000.0000: Medical Assistance Application

- A. The primary service worker must apply for AFDC-Foster Care medical coverage for all children entering placement:
- 1. Under Title IV-E of the Social Security Act, federal AFDC funds can be used to pay board for those children in licensed or approved foster homes or child care facilities.

  Concurrent with the determination of eligibility and authorization of the AFDC-Foster Care payment, recipients of AFDC-FC are automatically certified for Medical Assistance. This form of coverage is the most cost effective, as (percentage changes every year) fifty-eight percent (58%) of the state's cost of the program is reimbursed by the federal government if the child meets the eligibility requirements:
- a. DCYF must place the child in a licensed or certified foster/relative home or licensed child care facility, and board must be paid.
- b. If child is eighteen (18) years of age, he/she must graduate from high school prior to his/her nineteenth (19) birthday.
- c. Status of the child at the time of application:
- (1) The child must have received AFDC in and for the month he/she was removed from his/her home through court action or voluntary placement agreement.
- (2) The child would have been eligible for AFDC at the time of his/her removal from the home if the application had been made.
- (3) The child had lived with a specified relative within six (6) months prior to his/her removal from the relative through court action or Voluntary Placement Agreement. The six month rule applies also if a child is removed from someone other than a specified relative (i.e. neighbor) but was on AFDC or was eligible for AFDC within six months of the removal date.
- (4) The child living with the specified relative would have been eligible for AFDC in and for the removal month if application had been made.

#### Procedure From Policy 1000.0000: Medical Assistance Application

- A. The primary service worker or designee shall complete the Application for AFDC Foster Care Payment for all children entering placement. The application must be completed whether or not the child is involved with AFDC. This form shall also be completed for voluntary placements. The IV-E Eligibility Division of the Federal Benefits and Programs Unit shall review all voluntary placements within six (6) months to determine if any court action has been initiated:
- 1. The primary service worker or designee shall complete Sections I and II of the application, retain a copy for the case record, and forward a copy to his/her supervisor.
- 2. The supervisor shall forward a completed application to the IV-E eligibility unit. The IV-E eligibility unit eligibility technician will review and confirm with the AFDC eligibility technician that the child was active in an AFDC payment at the time of his/her removal from the home.
- 3. The IV-E eligibility unit shall complete Section III of the application, determining the child's AFDC status. The IV-E eligibility technician sets up a IV-E hard copy file and computer claim file and enters the medical assistance eligibility record in INRHODES.
- 4. Upon receipt of the medical card from Electronic Data Systems (EDS), the IV-E eligibility unit eligibility technician shall forward the card to the child care person:
- a. The primary service worker shall inform the caretaker that when using the medical assistance card, the following address should be used for the child:

IV-E Eligibility Unit

Office of Federal Benefits and Programs

DCYF.

101 Friendship Street

Providence, RI 02903

b. If a child incurred medical costs within three months prior to the month of application for medical assistance this should be noted on the application so that retroactive coverage, if appropriate, can be authorized.

# \$ K + Re-certification/Determination of Continuing Eligibility (DOCE)

#### Procedure From Policy 1000.0000: Medical Assistance Application

- It must be determined if a child will continued to be eligible for IV-E benefits, not medical: The IV-E Eligibility Unit shall forward an Application for Determination of Continuing Eligibility (DOCE) to the appropriate primary service worker for completion. The primary service worker or designee shall complete and forward the **DOCE** to the IV-E Eligibility Unit within five (5) working days. The IV-E eligibility division of the Federal Benefits and Programs Unit shall review all voluntary placements within six (6) months to determine if any court action has been initiated. Eligibility technician reviews items such as licensing, age, and review of voluntary. If everything is acceptable, eligibility technician updates the IV E hard copy record, IV E computer file and re-determines eligibility for medical assistance in INRHODES; and If a child is found incligible during the DOCE process the child is referred to foster care medical and the IV-E section notes the child's status as pending in RICHIST. Eligibility technicians review daily computer reports of new, changed, or terminated placements and determine if there should be a need of change of coverage. Medical cards follow children from each placement when appropriate. The child is terminated from AFDC-FC on the date he/she leaves a non-medical assistance placement (i.e. RITS) or returns home. The card should be retained in DCYF case file or when DCYF no longer pays board. Conditions for termination include: When the child is returned home. If voluntary is not reviewed in 180 days or when child is placed in unlicensed or uncertified home or facility including out of state placements for which there is no ICPC
- 3. When the child is placed on AWOL status.

approval:

- 4. When the child is eighteen (18) years of age and will not graduate from high school prior to his/her nineteenth (19) birthday.
- 5. When the child enters a public institution (i.e. Training School, etc.) and the child was IV-E eligible prior to adjudication. The child remains IV-E eligible.
- D. At the time that the child's medical benefits are terminated, the eligibility technician or appropriate staff shall notify the parent(s) in writing of the termination of medical coverage and their right to appeal to the DCYF Hearing Office (refer to DCYF Policy #100.0055, Complaints and Hearings.

#### #\_\$\_K\_+ Foster Care (F.C.) Medical

#### Procedure From Policy 1000.0000: Medical Assistance Application

- A. A child under twenty one (21) years of age is eligible for Medical Assistance on the basis of deprivation/separation from his/her family. A child who is eighteen (18) years of age and is attending school is also eligible for F.C. Medical if that child is active with the Department.
- B. If a child is not eligible for AFDC-FC or SSI, the primary service worker submits a Medical Assistance Application, MA1, to the Federal Benefits and programs Unit in order to open the child on foster care medical.
- C. If a child is placed with a relative out of state and is not eligible for AFDC-FC or SSI Disability, the relative shall be informed by the primary service worker to apply to the nearest Medical Assistance Office in that state. If the out-of-state application is refused, the primary service worker shall complete on-line a Medical Assistance Application, MA-1, to open the child on F.C. Medical and electronically forward the application to the Benefits Unit if relative elects to apply for AFDC-LP rather than DCYF board and care support he/she applies in their resident state. Relatives should be given an informed choice taking into consideration the amount of money he/she would receive from AFDC vs DCYF and the ramifications of having RI versus resident state medical assistance.
- D. The Medical and Benefits Unit documents the application and sends it to the Eligibility Technician at the Medical Assistance Office.
- E. The Eligibility Technician then determines eligibility. If eligible, the master file at Central Office of SRS will assign a case number in the "F" series.
- F. The Assistance Payments Office completes a medical identification card and forwards card to the Medical and Benefits Unit.
- G. The Medical and Benefits Unit receives the medical card and mails it to the proper child care person (i.e. foster parent). The primary service worker shall inform the child care person and vendor (i.e. doctor, pharmacist, etc.) that when using the medical assistance card, the following address should be used for the child:

#### **Medical and Benefits Unit**

#### 101 Friendship Street

#### Providence, RI 02903

- H. The medical card should follow a child from one placement to another when appropriate.
- I. The child's medical must be closed in the following situations:
- At the time the child is returned home;
- 2. When the child enters a state licensed public institution such as Rhode Island training school;
- Up to age 21 years as long as the child remains active with DCYF. However any child over 18 requires a new application.
- 4. If the child is on AWOL status.
- J. In the above-mentioned instances the primary service worker shall retrieve the medical card. The primary service worker shall notify the parent(s) in writing of the closure of the medical benefits associated with the medical card.

- K. Foster care medical is re-certified yearly on the anniversary date:
- 1. RICHIST will track the expiration of child's foster care medical. RICHIST will generate the re-certification packet as well as a ticker to the medical assistance office as well as the primary service worker two (2) months prior to the month of expiration;
- 2. The primary service worker or designee will review the status of each child to be recertified. The primary service worker shall electronically forward the DHS 2 to the Federal Benefits and Programs Unit for review.
- 3. The Federal Benefits and Programs Unit electronically forwards the DHS 2 to the DHS eligibility technician.

#\$ \( \text{\text{\$\text{\$}}} \) Application of SSI Disability Income (Supplemental Security Income)

### Procedure From Policy 1000.0000: Medical Assistance Application

- A. Those who are found eligible for Supplemental Security Income (SSI) are automatically eligible and certified for Medical Assistance. It is not necessary to make a separate application for Medical Assistance. The worker must file an 008 for the purposes of IV-E medical determination:
- 1. COBRA referrals;
- RITE CARE- need for closing when child enters care/procedure;
- 3. Third part medical coverage-always primary and must be utilized before MA; and
- 4. Subsidized adoptions (both IV-E and state application process for medical).

**DRAFT 1/23/2009**